



OCHIN Epic Health Assessment / Episode Webinar



About Our Presenter



Kristin Case, Multnomah County Health Department



School Based Episode EPIC Training: Hints and Tips

Kristin Case
March 4, 2015

Agenda

- Overview & History
- Bright Futures Integration
- Topics
- Visit Navigator
- Creating Episodes
- MCHD Workflow
- Flow sheets
- Episode Report
- Scrubbing
- SBHC smart set
- Demonstration





Why???

- ✓ Facilitate a standardized, comprehensive care model based on Bright Future recommendations using EPIC
- ✓ Move away from “risk” and incorporate a “strengths based approach”
- ✓ Expand focus to school aged child (5-18 years)
- ✓ Potential to follow client outcomes as well as process measures



“Bright Futures”

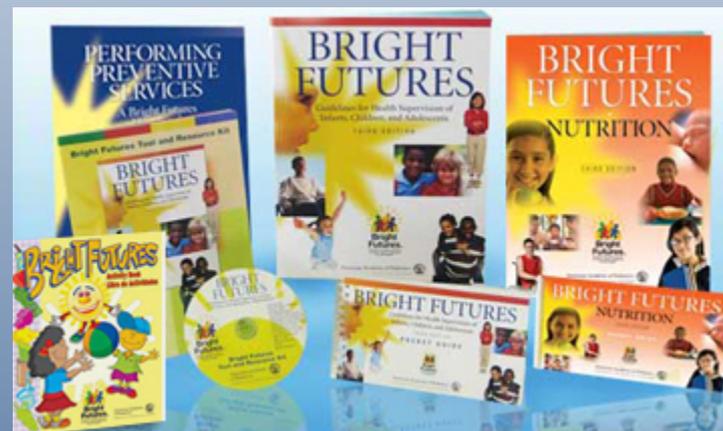
- **Highlights “Themes” across the ages**
 - eg. healthy weight, oral health, safety, mental health
- **Strength based with risk identification**
- **Begins with “Priorities” for each visit with a focus on client/parent concerns and provides a framework for the well child visit**

Health Assessment

Defn: the tool used by MCHD to document a review of health maintenance topics with youth

Themes

- Physical Health, Nutrition and Activities
- Oral Health
- Emotional Well-Being
- School and Friends
- Safety
- Risk Reduction
- Strength's Identification





Stratification levels

■ Preventive Message (“low risk”)

- Traditional anticipatory message concept

■ Problem ID and Intervention (“moderate risk”)

- Area of concern is identified. Moderate risk priority area should be documented in progress note and added to Problem List
- Purpose is to be able to follow this priority over time

■ Referral and follow up (“high risk”)

- This is marked when issue is concerning enough to initiate a referral to an another source including the CHN, MHC or outside agency

School Age Health Assessment

PHYSICAL HEALTH, NUTRITION & ACTIVITY (Assessment Findings)

Preventive Message

Problem ID

Referral & FAU

Topics Covered

- Healthy Weight
- Body Image
- Well-Balanced Diet
- Increased Fruit, Vegetable & Whole Grain Consumption
- Adequate Calcium Consumption
- Water instead of Soda/Juice
- Importance of Breakfast
- Limits on High Fat Foods
- Adequate Physical Activity
- Eating Together as a Family
- Limit on screen time

abc

ORAL HEALTH (Assessment Findings)

Preventive Message

Problem ID

Referral & FAU

Topics Covered

- Regular Dental Visits
- Daily Brushing & Flossing
- Adequate Fluoride

abc

EMOTIONAL WELL-BEING (Assessment Findings)

Preventive Message

Problem ID

Referral & FAU

Topics Covered

- Mood/Emotions
- Behavior/Conflict Resolution/Anger Management
- Self-Esteem
- Independence
- Coping
- Sleeping (routines & difficulties)
- Family Communication
- Establishing Rules and Consequences
- Family Time & Routines

abc

Topics

- Reminds us of anticipatory guidance topics across the ages from 5-21 years
- May click on those which have been reviewed
- Topics will not be reported off of-developed as a reminder of potential areas to discuss
- Not expecting all topics to be checked, but themes should be reviewed and level of intervention checked annually



Preventive Message

(low risk)

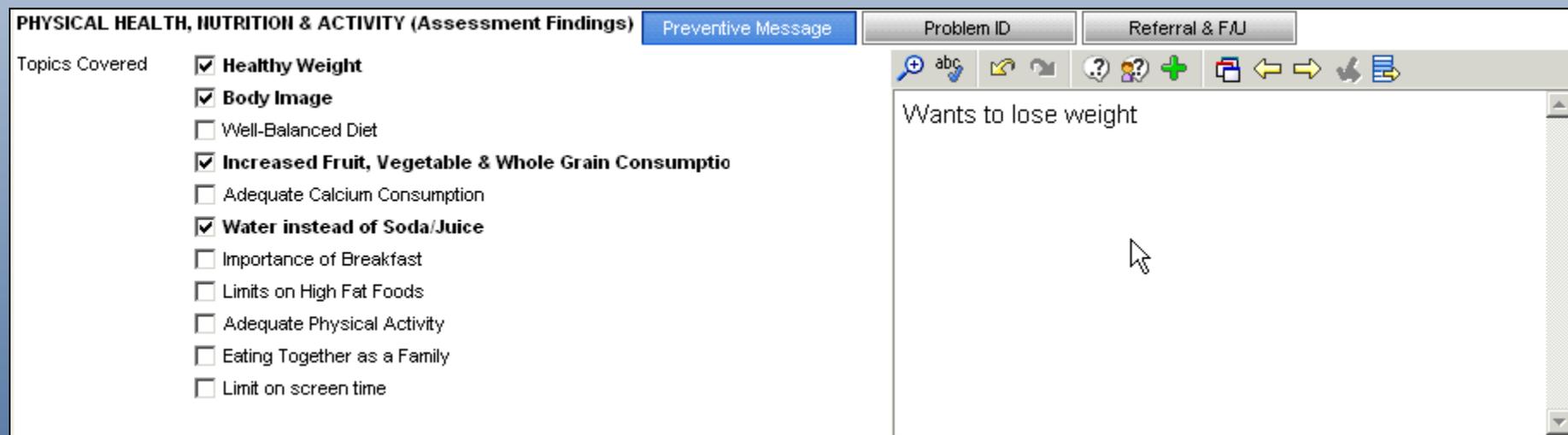
- Anticipatory guidance
- Example: Puberty education

PHYSICAL HEALTH, NUTRITION & ACTIVITY (Assessment Findings) Preventive Message Problem ID Referral & F/U

Topics Covered

- Healthy Weight**
- Body Image**
- Well-Balanced Diet
- Increased Fruit, Vegetable & Whole Grain Consumptio**
- Adequate Calcium Consumption
- Water instead of Soda/Juice**
- Importance of Breakfast
- Limits on High Fat Foods
- Adequate Physical Activity
- Eating Together as a Family
- Limit on screen time

Wants to lose weight





Problem Identification and Intervention (moderate risk)

- Stage care in progress note and utilize comment section as indicated
- Example: Overweight-Utilize MI and offer support for lifestyle change



Problem Identification and Intervention (moderate risk)

EMOTIONAL WELL-BEING (Assessment Findings)

Preventive Message **Problem ID** Referral & F/U

Topics Covered

- Mood/Emotions**
- Behavior/Conflict Resolution/Anger Management**
- Self-Esteem**
- Independence
- Coping
- Sleeping (routines & difficulties)
- Family Communication
- Establishing Rules and Consequences
- Family Time & Routines
- Puberty/Pubertal Development

abc [icons]

Poor eye contact; repeatedly refers to self as "so stupid"

Referral and follow up (high risk)

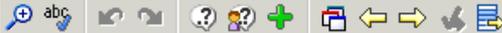
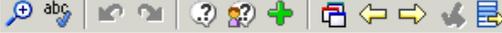
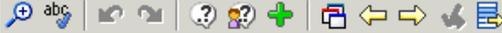


- Stage Care in progress note and utilize comment section as indicated
- Referral internally or externally
- Example-Major Depression-mental referral or Academic Issue-nurse case management referral



Referral and follow up (high risk)

ORAL HEALTH (Assessment Findings)		Preventive Message	Problem ID	Referral & F/U
Topics Covered	<input type="checkbox"/> Regular Dental Visits <input type="checkbox"/> Daily Brushing & Flossing <input type="checkbox"/> Adequate Fluoride			<p>Has never been to dentist. Referral ordered.</p>

EMOTIONAL WELL-BEING (Assessment Findings)		Preventive Message	Problem ID	Referral & F/U
Topics Covered	<input checked="" type="checkbox"/> Mood/Emotions <input type="checkbox"/> Behavior/Conflict Resolution/Anger Management <input type="checkbox"/> Self-Esteem <input type="checkbox"/> Independence <input type="checkbox"/> Coping <input type="checkbox"/> Sleeping (routines & difficulties) <input checked="" type="checkbox"/> Family Communication <input type="checkbox"/> Establishing Rules and Consequences <input type="checkbox"/> Family Time & Routines <input type="checkbox"/> Puberty/Pubertal Development	 Mom expresses a lot of family stresses now--no permanent housing, pt struggling w/ school, mom--no income now. Per pt--over summer was arrested for breaking and entry, court date 9/19, has counselor through Juvenile justice. May have to move		
SCHOOL & FRIENDS (Assessment Findings)		Preventive Message	Problem ID	Referral & F/U
Topics Covered	<input checked="" type="checkbox"/> Adaptation to School <input type="checkbox"/> Homework <input checked="" type="checkbox"/> School Performance/Progress <input type="checkbox"/> School Concerns (including IEP and special ed) <input type="checkbox"/> Parental Involvement and Parent-Teacher Communications <input type="checkbox"/> After-School Care & Activities <input type="checkbox"/> Friends <input type="checkbox"/> Connectedness with Family, Peers and Community	 Last year got Fs (poor grades) would like to do better this year. How to accomplish this: focus more on work Friends distract him from focusing..		
SAFETY & INJURY PREVENTION (Assessment Findings)		Preventive Message	Problem ID	Referral & F/U
Topics Covered	<input type="checkbox"/> Pedestrian Safety <input type="checkbox"/> Safety Belts & Booster Seat <input type="checkbox"/> Helmets Safety <input type="checkbox"/> Bike Safety <input type="checkbox"/> Playground/Sport Safety <input type="checkbox"/> Water Safety <input type="checkbox"/> Fire Escape/Drill Plan & Smoke Detectors <input type="checkbox"/> Computer Use <input type="checkbox"/> Supervision of Friends <input checked="" type="checkbox"/> Child Abuse <input checked="" type="checkbox"/> Interpersonal Violence	 Had an uncle that was killed through gang violence--pt was young		

Health Assessment in the Visit Encounter



The Health Assessment form will display in the body of the Visit Navigator. However to see the data that was entered:

➤ Hit **F5** on keyboard to refresh

Note: if changes are made F5 will need to be hit again.

Documentation	
Chief Complaint	
Vitals	
Allergies	
Med Documentation	
Quick Questions	
BestPractice	
SmartSets	
SBHC Forms	
Episodes	
Health Assessment	<p>Report for October 08, 2012 (SCHOOL AGED PREVENTION HEALTH episode)</p> <p>School Age Health Assessment</p> <p>PHYSICAL HEALTH, NUTRITION & ACTIVITY: Comments:</p> <p>10/8/2012 2:24 PM by Zita Borgen</p> <p>Preventive Message Will try to drink more water and less soda</p> <p>ORAL HEALTH: Comments:</p> <p>10/8/2012 2:24 PM by Zita Borgen</p> <p>UTD on oral care</p> <p>SCHOOL & FRIENDS: Comments:</p> <p>10/8/2012 2:24 PM by Zita Borgen</p> <p>Preventive Message Just moved from Iowa - Misses friends; encouraged to ask parents help her find new troop</p> <p>SAFETY & INJURY PREVENTION: Comments:</p> <p>10/8/2012 2:24 PM by Zita Borgen</p> <p>Preventive Message Wear helmet when riding horses or bike</p> <p>Strengths</p> <p>Family Support Comments:</p> <p>10/8/2012 2:24 PM by Zita Borgen</p> <p>Yes Lives at home with both parents</p> <p>Positive Self-Esteem & Sense of Accomplishment Comments:</p> <p>10/8/2012 2:30 PM by Zita Borgen</p> <p>Yes</p> <p>Healthy Weight, Nutrition & Activity Comments:</p> <p>10/8/2012 2:24 PM by Zita Borgen</p> <p>Yes BMI WNL</p> <p>Community Involvement Comments:</p>
Charting and Orders	
History	
Goals	
Progress Notes	
Problem List	
Visit Diagnoses	
Meds & Orders	
Discharge	
Comm Mgt	
Pt Instructions	
LOS & Follow-up	
Close Encounter	
MyChart	



Health Assessment

Documentation	School Age Health Assessment & Strengths click to open	
Chief Complaint	Report for October 08, 2012 (SCHOOL AGED PREVENTION HEALTH episode)	
Vitals	School Age Health Assessment	
Allergies	PHYSICAL HEALTH, NUTRITION & ACTIVITY:	Comments:
Med Documentation	10/8/2012 2:24 PM by Zita Borgen	
Quick Questions	Preventive Message	Will try to drink more water and less soda
BestPractice	ORAL HEALTH:	Comments:
SmartSets	10/8/2012 2:24 PM by Zita Borgen	
SBHC Forms		UTD on oral care
Episodes	SCHOOL & FRIENDS:	Comments:
Health Assessment	10/8/2012 2:24 PM by Zita Borgen	
Charting and Orders	Preventive Message	Just moved from Iowa - Misses friends; encouraged to ask parents help her find new troop
History	SAFETY & INJURY PREVENTION:	Comments:
Goals	10/8/2012 2:24 PM by Zita Borgen	
Progress Notes	Preventive Message	Wear helmet when riding horses or bike
Problem List	Strengths	
Visit Diagnoses	Family Support	Comments:
Meds & Orders	10/8/2012 2:24 PM by Zita Borgen	
Discharge	Yes	Lives at home with both parents
Comm Mgt	Healthy Weight, Nutrition & Activity	Comments:
Pt. Instructions	10/8/2012 2:24 PM by Zita Borgen	
LOS & Follow-up	Yes	BMI WNL
Close Encounter	Community Involvement	Comments:
MyChart	10/8/2012 2:24 PM by Zita Borgen	
	Yes	Interested in continuing with Girl Scouts



Strengths



- **Family Support:** at least one adult who they can go to when they need help
- **Achieving developmental milestones:** increasing age-appropriate decision making and independence in social, motor and cognitive skills
- **Positive self esteem & sense of accomplishment:** bounce back from life's disappointments, sense of hopefulness/self-confidence
- **Healthy weight, nutrition & activity:** habits which support a healthy lifestyle
- **Healthy sexuality:** demonstrates the ability to be comfortable and safe in a close relationship with another person while establishing age-appropriate and culturally acceptable boundaries for intimacy and sexual relationships
- **Self protection:** demonstrates ability to assess situation for potential injury or violence, takes steps to protect self
- **Community involvement:** extracurricular activities

STRENGTHS

Strengths (hover over the buttons for more info)

Family Support	<input checked="" type="button" value="Yes"/>	 abc Insert SmartText	Older sister, Erika (age 21 years)
Achieving Developmental Milestones	<input type="button" value="Yes"/>	 abc Insert SmartText	
Positive Self-Esteem & Sense of Accomplishment	<input type="button" value="Yes"/>	 abc Insert SmartText	
Healthy Weight, Nutrition & Activity	<input checked="" type="button" value="Yes"/>	 abc Insert SmartText	
Healthy Sexuality	<input type="button" value="Yes"/>	 abc Insert SmartText	
Self-Protection	<input checked="" type="button" value="Yes"/>	 abc Insert SmartText	
Community Involvement	<input type="button" value="Yes"/>	 abc Insert SmartText	

Strengths

Click “Yes” for any positive strengths

TIP: hover over the buttons in the Strengths section to view more info.

Strengths (hover over the buttons for more info)

Family Support	<input type="button" value="Yes"/>		<p>At least one adult who cares about them and who they can go to if they need help</p>
Achieving Developmental Milestones	<input type="button" value="Yes"/>		

STOP!!!



Visit Navigator

Defn: A charting template that contains sections where you can document information related to many of the standard components of an office visit



Visit Navigator

Zzzsbhc, Susie Age Sex 15 yea F DOB 2/14/1996 MRN 4284964 Allergies Not on File Type (None)* PCP (None) Alerts **HM**

10/31/2011 visit with Kristin Case, NP for Office Visit

Images Questionnaires Admin Benefits Inquiry References Scans Open Orders Care Teams Print

SnapShot

Chart Review

Flowsheets

Allergies

Problem List

History

Growth Chart

Letters

Demographics

MPI History

Previous Visit

Clinical Batch Repo...

Clinical Summary

Imm/Injections

Doc Flowsheets

Order Entry

Documentation

- Chief Complaint
- Vitals
- Allergies
- Med Documentation
- Quick Questions
- SBHC Forms**
- Episodes
- Health Assessment

Charting and Orders

- Progress Notes
- BestPractice**
- SmartSets
- Problem List
- Care Everywhere
- Visit Diagnoses
- Meds & Orders
- LOS & Follow-up
- Pt. Instructions
- Close Encounter

Chief Complaint

None

Vitals

None Taken

Other Vitals	
OB/Gyn Status	Never reviewed
Reviewed:	
Tobacco	
Smoking Status:	Never Assessed
Packs/Day:	0
Years:	0
Smokeless	Unknown
Status:	
Reviewed:	Never reviewed

Allergies/Contraindications

No Known Allergies
Never Updated

No Allergies on File

Mark As Reviewed **Never Reviewed**

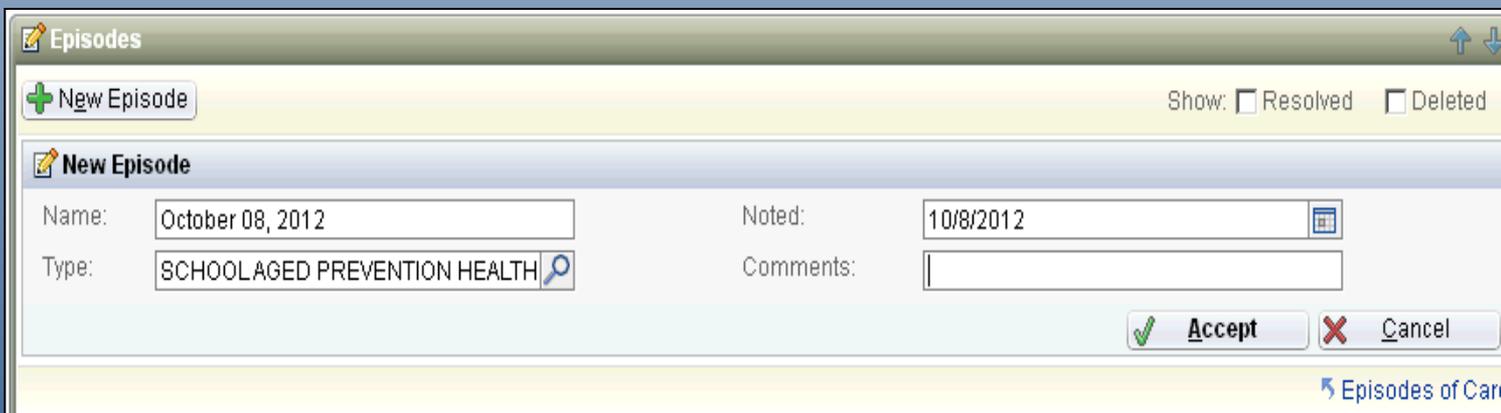
Med Documentation

Episode

Defn: It has a beginning and an end. It is a way to keep visits that belong together for review, flowcharting and reporting.

Opening Episodes

1. Click ***Episodes*** in the Visit Navigator, New Episode
 - Enter the Name which is the date that you open it – ***2/15/15***
2. Select ***School Aged Prevention Health*** as the “Type”
 - Click ***Accept***



Episodes

+ New Episode Show: Resolved Deleted

New Episode

Name: Noted:

Type: Comments:

Accept **Cancel**

[Episodes of Care](#)



Creating Episode Tips

- Health Assessments are captured in Epic in the “ Episode” functionality.
- An “Episode” should be created when the patient presents initially
- Episodes will be active until the next health assessment is due-at that time, the episode should be resolved and a new one opened



Workflow

Once the Episode is created, “today’s” visit will automatically be linked.

Episodes ↑ ↓

New Episode Show: Resolved Deleted

Linked	Type	Noted	Resolved
<input checked="" type="checkbox"/> October 08, 2012	SCHOOL AGED PREVENTION HEALTH	10/08/2012	<input checked="" type="checkbox"/> Resolve

[▶ Available Forms...](#)

Episodes of Care

Accessing the tool

Click on “Available Form”

Or

Click “Health Assessment”

Zzzsbhc, Susie Age: 15 yea Sex: F DOB: 2/14/1996 MRN: 4284964 Allergies: Not on File Type: (None)* PCP: (None) Alerts: HM

10/31/2011 visit with Kristin Case, NP for Office Visit

Images Questionnaires Admin Benefits Inquiry References Scans Open Orders Care Teams Print

SBHC Forms

- Episodes
- Health Assessment**

Chief Complaint
None

Vitals

None Taken

Other Vitals	
OB/Gyn Status	Never reviewed
Reviewed:	
Tobacco	
Smoking Status:	Never Assessed
Packs/Day:	0
Years:	0
Smokeless	Unknown
Status:	
Reviewed:	Never reviewed

Allergies/Contraindications

No Known Allergies
Never Updated

No Allergies on File

Mark As Reviewed **Never Reviewed**

Med Documentation



Linked Visits/Encounters

- Office Visits may be auto-linked to the open episode
- All encounter types can be manually linked i.e. telephone encounter.



STOP!!!





MCHD workflow/forms

- Health assessment done during WCC, SPE, annually and/or within first two visits
- Forms available when reviewing the health assessment at all ages
- Requirement now on annual basis and replaces verbal review if language available
- Organized by themes
- Aligns with the EPIC tool
- Used while in episode



Health Assessment Forms

- **K-8:** SBHC Parent/Guardian Questionnaire
- **6-8:** SBHC Child/Early Adolescent Health Assessment
- **9-12:** SBHC Adolescent Health Assessment

SBHC Parent-Guardian Questionnaire

(Grades K-8)

Name:	_____
MRN:	_____
DOB:	___/___/___ ID# _____
Sex:	M _ F _____ (or place label here)



Today's Date: _____

Please complete this form to help us plan the best care for your child.

Have there been any changes or concerns regarding your child's health since the last medical visit?

Do you have any concerns or questions you would like us to discuss at today's appointment?

Please check the topics where you have questions or concerns about your child.

PHYSICAL HEALTH, NUTRITION AND PHYSICAL ACTIVITY

- | | |
|---|---|
| <input type="checkbox"/> Your child's weight | <input type="checkbox"/> Eating breakfast daily |
| <input type="checkbox"/> Eating enough fruits and vegetables, 5 servings per day | <input type="checkbox"/> Getting 1 hour of physical activity most days |
| <input type="checkbox"/> Getting enough calcium | <input type="checkbox"/> Limiting screen time to less than 2 hours/day |
| <input type="checkbox"/> Drinking enough water | <input type="checkbox"/> Your child's growing and changing body (puberty, menstruation, emotions, values, etc.) |
| <input type="checkbox"/> Eating less junk food, soda, and juice | <input type="checkbox"/> Sleep |
| <input type="checkbox"/> How much your child should eat at one time (overeating or not eating enough) | |

EMOTIONAL WELL-BEING

- | | |
|---|--|
| <input type="checkbox"/> How your child feels about him/herself (self esteem) | <input type="checkbox"/> Concern about your child's emotions (sad, fearful, worried, stressed) |
| <input type="checkbox"/> How your child deals with frustration or anger | <input type="checkbox"/> Helping your child to be more independent |
| <input type="checkbox"/> How your child behaves at home | <input type="checkbox"/> Family activities |
| <input type="checkbox"/> How your child gets along with others (siblings/peers) | <input type="checkbox"/> Family responsibilities (chores, family rules) |
| <input type="checkbox"/> Recent loss of interest in usual activities | <input type="checkbox"/> Setting limits for your child |

SCHOOL AND FRIENDS

- | | |
|--|--|
| <input type="checkbox"/> How your child is learning in school | <input type="checkbox"/> How to talk/communicate with your child's teacher |
| <input type="checkbox"/> How your child is behaving at school | <input type="checkbox"/> Homework |
| <input type="checkbox"/> Special learning needs (e.g., Special Education, behavior services) | <input type="checkbox"/> After school activities or child care |
| <input type="checkbox"/> Concern that your child does not like/refuses to go to school | <input type="checkbox"/> Bullying or teasing |

SAFETY AND INJURY PREVENTION

- | | |
|--|--|
| <input type="checkbox"/> Booster seat/seatbelts | <input type="checkbox"/> Knowing your child's friends and their families |
| <input type="checkbox"/> Street (pedestrian) safety | <input type="checkbox"/> Supervision at home or with friends |
| <input type="checkbox"/> Helmets and sports safety | <input type="checkbox"/> Smoke free home and car |
| <input type="checkbox"/> Water safety | <input type="checkbox"/> Gun safety |
| <input type="checkbox"/> Preventing sexual abuse (personal safety) | <input type="checkbox"/> Rules about computer or cell phone use |
| <input type="checkbox"/> Home fire escape plan and smoke detectors | <input type="checkbox"/> Use of ear buds/headphones |

RISK REDUCTION

- Talking to your child about personal safety, sexuality, tobacco, drugs/alcohol

STRENGTHS: Check ALL that you feel are true about your child and family

- | | |
|---|---|
| <input type="checkbox"/> Our family spends time together (meals/activities) | <input type="checkbox"/> My child does some type of physical activity for at least ½ hour most days (playing hard or a sport) |
| <input type="checkbox"/> My child handles independence well and makes safe and good decisions | <input type="checkbox"/> My child reads at home on a regular basis |
| <input type="checkbox"/> My child feels good about him/herself | <input type="checkbox"/> Our family talks about topics such as healthy sexual development and values, personal safety, drug/alcohol/tobacco use |
| <input type="checkbox"/> My child does well in school (works hard, performance matches the effort made) | <input type="checkbox"/> My child is helpful at home |
| <input type="checkbox"/> My child gets along well with others | <input type="checkbox"/> My child is involved with activities outside of the home: religious activities, sports, volunteering, etc. |
| <input type="checkbox"/> My child eats healthy meals and snacks | |

What is one thing your child is good at? (e.g., a positive quality or trait): _____

Is your family experiencing any of the following (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Move or change in housing | <input type="checkbox"/> Violence in the home |
| <input type="checkbox"/> Job loss or job change | <input type="checkbox"/> Household member dealing with substance abuse |
| <input type="checkbox"/> Separation/divorce | <input type="checkbox"/> Lack of medical care |
| <input type="checkbox"/> Death | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Lack or shortage of food | |

Parent/Guardian signature: _____

for office use only

Reviewed by: _____ Date: _____



SBHC Child/Early Adolescent Health Assessment

(Grades 6 – 8)

Name: _____
MRN: _____
DOB: ____/____/____ ID# _____
Sex: M ____ F ____ (or place label here)

Today's Date: _____

Please answer these questions to help us get to know you and TOGETHER we can plan for the best care for you.

It is okay to skip any questions you are not comfortable answering.

I understand confidentiality (privacy) regarding my health information: YES NO

PHYSICAL HEALTH, NUTRITION AND ACTIVITY

1. What questions do you have about your body or your health? _____
2. Do you feel you eat a healthy diet? YES NO
3. How you feel about your weight? Not good 0__ 1__ 2__ 3__ 4__ 5__ Very good
4. Would you like to make any changes in your diet? YES NO
If yes, what changes? _____
5. Are there times when your family does not have enough food to eat? YES NO
6. What sport, exercise or physical activity do you do? _____
7. How many hours a day do you play video games/watch television/use a computer? _____

ORAL HEALTH

1. Do you brush your teeth 2 times a day? YES NO
2. Do you floss your teeth daily? YES NO
3. Do you take fluoride? YES NO

EMOTIONAL WELL BEING

1. Who do you live with? _____
2. Is there anything at home, school or with friends that is making you feel worried, upset or stressed? YES NO
If yes, what? _____
3. How well do you get along with your family/household members:
Don't get along at all 0__ 1__ 2__ 3__ 4__ 5__ Get along great
4. On the whole, how much do you like yourself? Not at all 0__ 1__ 2__ 3__ 4__ 5__ A lot
5. Do you feel worried, nervous or scared? YES NO
6. Over the past two weeks have you been:
 - a. Feeling down, depressed, hopeless, irritable or moody? YES NO
 - b. Not having as much fun as you usually do, or not felt interested in doing things? YES NO
7. Have you ever thought about or tried to kill yourself? YES NO
8. Do you have problems with sleep (e.g., falling asleep, waking up at night or nightmares)? YES NO

SCHOOL AND FRIENDS

1. How do you feel you are you doing in school?
Doing TERRIBLE in school 0__ 1__ 2__ 3__ 4__ 5__ Doing great in school
2. About how much time do you spend after school doing homework? _____
3. Have you ever been suspended or had a referral? YES NO
4. Do you have a good friend (or friends)? YES NO



SBHC Adolescent Health Assessment

(Grades 9-12)

Name: _____
 MRN: _____
 DOB: ___/___/___ ID#: _____
 Sex: M _ F (or place label here)

Today's Date: _____

Please answer these questions to help us get to know you and together we can plan the best care for you.

It's okay to skip any questions you are not comfortable answering.

I understand confidentiality (privacy) regarding my health information: YES NO

PHYSICAL HEALTH, NUTRITION AND ACTIVITY

- How happy are you with your weight? Not at all 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ Very happy
- How interested are you in changing your eating habits? Not at all 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ Very interested
- Have you tried to lose or control your weight by making yourself throw up or by taking laxatives? YES NO
- Are there times when your family does not have enough food to eat? YES NO
- What exercise, sport or strenuous activities do you enjoy doing? _____
- How many hours per day do you watch TV, go on the internet or play video games? _____

ORAL HEALTH

- Do you brush your teeth 2 times a day? YES NO
- Do you floss your teeth daily? YES NO

EMOTIONAL WELL BEING

- Who do you live with? _____
- Is there anything at home, school or with friends that is making you feel worried, upset or stressed? YES NO
If yes, what? _____
- How well do you get along with your household members/family? Don't get along at all 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ Get along great
- On the whole, how much do you like yourself? Not at all 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ A lot
- Do you often feel worried, nervous, or scared? YES NO
- Over the past two weeks, have you been bothered by any of the following problems?
 - Feeling down, depressed, irritable or hopeless? YES NO
 - Little interest or pleasure in doing things? YES NO
- Have you thought about or tried to kill yourself? YES NO
- Do you have problems with sleep? (e.g., falling asleep, waking up at night or nightmares) YES NO

SCHOOL AND FRIENDS

- How important is school to you? Not important at all 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ Very important
- In the past 30 days, how often did you skip or cut school? Never 1-3 times more than 3 times
- Did you fail any classes last year or are you worried about failing any classes now? YES NO
- Have you ever been suspended or had a referral? YES NO
- I have at least one good friend or group of friends I am comfortable with. YES NO

SAFETY AND INJURY PREVENTION

- Do you always wear a seatbelt in the car? YES NO
- Does anyone bully, harass or pick on you? YES NO In the past
- Do you or anyone close to you have guns or weapons? YES NO
- Has anyone ever hurt, touched or treated you or anyone in your house in a way that made you feel scared or uncomfortable? YES NO

RISK REDUCTION

- Have you had sex? YES NO
- Do you want information about how to avoid pregnancy (birth control) and/or sexually transmitted infections? YES NO
- During the past 12 months, did you: - Drink any alcohol (more than a few sips)? YES NO
 - Smoke any marijuana or hashish? YES NO
 - Use anything else to get high? YES NO

(Anything else includes: illegal drugs and over the counter and prescription drugs and things that you sniff or "huff")

- Have you ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs? YES NO
- Do you ever smoke cigarettes/cigars, use snuff or chew tobacco? YES NO

PLEASE TELL US MORE ABOUT YOURSELF

- Who is an adult you feel cares about and supports you? _____
- What is something now that you are more independent at than a year ago? _____
- How do you cope when life feels hard? _____
- What is something you are good at or enjoy doing? _____
- What is something you do to stay healthy? _____
- What is one thing that makes a healthy dating relationship? _____
- What is something you do to keep yourself safe from injury and violence? _____
- What school, community, employment or volunteer activity are you involved in? _____

Student signature: _____

for office use only

Reviewed by: _____ Date: _____



Workflow Suggestions

- All clients will have episode created initially and annually based on date of last completed health assessment
- Document in Episode
- Scrub for need to resolve/create episode and health assessment date
- .sbparentcontact



Parent/Guardian Contact

In the body of the progress note, add
.sbparentcontact

The screenshot shows a software window titled "Progress Notes (F3 to enlarge)". The window contains a rich text editor with a toolbar at the top. The main text area displays ".sbparentcontact" followed by a table with two columns: "Abbrev" and "Expansion". The "Abbrev" column contains "SBPARENTCO..." and the "Expansion" column contains "Parent/guardian contact as fo". A pop-up window is overlaid on the text, showing "Parent/guardian contact as follows: [SBCONTACT-11001]". To the right of this text, there is a yellow highlighted box containing the text: "(FAMILY MEMBERS:8118) present at visit", "phone call made", "letter sent", and "***". At the bottom of the window, there are "Note status:" options: "Sign at closing of section" (selected) and "Sign at closing of encounter". There is also a "Bookmark" button. The bottom status bar shows "044 Restore", "Close F9", "Previous F7", and "Next F8".

Flowsheets

Defn: Spreadsheet for documenting patient care. Set up by rows, groups, and templates. Epic supports both documentation flowsheets and review flowsheets.

Flowsheets



School Age Health Assessment and Strengths flowsheet.

The screenshot displays a medical software interface. On the left is a vertical sidebar with various menu items: Snapshot, Chart Review, Flowsheets (highlighted), Allergies, Problem List, History, Growth Chart, Letters, Demographics, Previous Visit, Clinical Summary, Immunizations, Doc Flowsheets, Medications, Identity Manager, Order Entry, and Document List. The main area is titled 'Flowsheet' and contains a table with the header 'Select Flowsheets to View'. A dialog box titled 'Select Flowsheets' is open over the main area. It has a search field and a list of flowsheet options. The option 'SCHOOL AGE HEALTH ASSESSMENT AND STRENGT.' is highlighted in blue. A red arrow points from this option to the 'Flowsheet' table. At the bottom of the dialog box are 'Accept' and 'Cancel' buttons.

Flowsheet

Select Flowsheets to View

Select Flowsheets

Search:

- BLOOD SUGAR TRACKING
- COORDINATED CARE REVIEW
- DEPRESSION
- DIABETES
- DIABETES SELF-MANAGEMENT EDUCATION
- DM HPI NURSING DOCUMENTATION
- EDINBURGH POSTNATAL DEPRESSION
- HIV 1
- HIV 2
- HIV HEALTH MAINTENANCE REVIEW FLOWSHEET
- HIV MUTATIONS
- HIV PREVENTATIVE MEASURES
- HIV REQUIRED SCREENINGS
- HIV SPECIAL IMMUNOLOGY
- INH
- INR
- M-CHAT AUTISM SCREENING
- PRENATAL FLOWSHEET
- RISK ASSESSMENT/HEALTH PROMOTION
- SCHOOL AGE HEALTH ASSESSMENT AND STRENGT.**
- SEXUAL HEALTH INVENTORY FOR MEN
- UROLOGIC SYMPTOM QUESTIONNAIRE

Accept Cancel



Flowsheets

Each encounter that is linked to the episode will display the Health Assessment information.

SCHOOLAGE HEALTH ASSESSMENT AND STRENGTHS	11/1/2012	5/14/2012	5/7/2012	4/30/2012	4/10/2012
*****SCHOOLAGE HEALTH ASSESSMENT*****	--	--	--	--	--
Physical Health, Nutrition & Activity	Preventive Message	Preventive Message	Preventive Message	Preventive Message	Preventive Mes
Oral Health	Preventive Message	Preventive Message	Preventive Message	Preventive Message	Preventive Mes
Emotional Well-Being	Problem ID	Problem ID	Problem ID	Problem ID	Preventive Mes
School & Friends	Problem ID	Problem ID	Problem ID	Problem ID	Problem ID
Safety & Injury Prevention	Preventive Message	Preventive Message	Preventive Message	Preventive Message	Preventive Mes
Risk Reduction	Problem ID	Problem ID	Problem ID	Problem ID	Problem ID
*****STRENGTHS*****	--	--	--	--	--
Family Support	Yes	Yes	Yes	Yes	Yes
Achieving Developmental Milestons	--	--	--	--	--
Positive Self-Esteem & Sense of Accomplishment	--	--	--	--	--
Healthy Weight, Nutrition & Activity	Yes	Yes	Yes	Yes	Yes
Healthy Sexuality	--	--	--	--	--
Self-Protection	Yes	Yes	Yes	Yes	Yes
Community Involvement	Yes	--	--	--	--
*****PARENT/GUARDIAN CONTACT*****	--	--	--	--	--

STOP!!!



Purpose of Episode Report

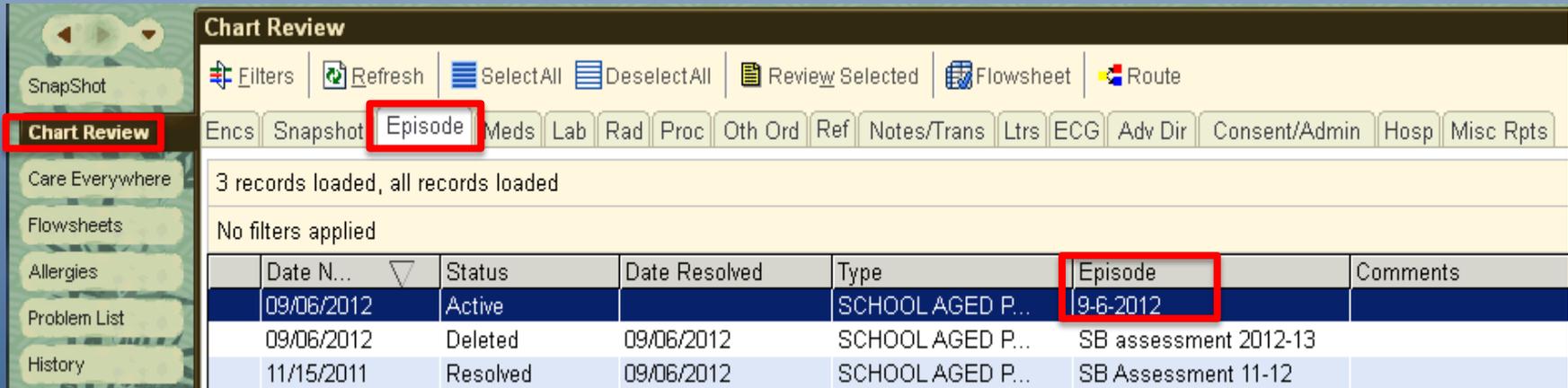
- “one stop shopping”
- Avenue for doing pre-visit work
- Health maintenance information



Episode Report

To access the Episode report:

- Open *Chart Review*
- Click *Episode* tab
- Double click to view report



The screenshot shows the 'Chart Review' interface. On the left sidebar, the 'Chart Review' button is highlighted with a red box. The main window has a tab labeled 'Episode' also highlighted with a red box. Below the tabs, there are 3 records loaded. A table displays the following data:

Date N...	Status	Date Resolved	Type	Episode	Comments
09/06/2012	Active		SCHOOL AGED P...	9-6-2012	
09/06/2012	Deleted	09/06/2012	SCHOOL AGED P...	SB assessment 2012-13	
11/15/2011	Resolved	09/06/2012	SCHOOL AGED P...	SB Assessment 11-12	



Episode Report

- **Last Health Assessment (in the episode)**
- Patient Demographics
- Current Vitals
- Social History
- Family Comments
- Growth Chart
- **Problem List**
- **Current Meds**
- **Last wcc**
- Last Labs w/base names of:
 - Lead
 - Lipids
 - CT/GC
- Depression Screening
- Fluoride Varnish
- Spirometry



Episode Report

Patient Information

Patient Information

Patient Name	MRN	Sex	DOB
ZzzMCHDOnly, SBHC	4311770	Female	3/14/2001

Patient Demographics

Address	Phone
1234 Somewhere PORTLAND OR 97213	503-988-3663 (Home)

Social History

Category	History
Smoking Tobacco Use	Passive Smoker; Types: Cigarettes
Smokeless Tobacco Use	Never Used
Tobacco Comment	
Alcohol Use	Yes; 0.5 oz alcohol/wk; 1 Cans of beer per week
Drug Use	Yes; 2 times/week; Types: marijuana
Sexual Activity	No
ADL	Not Asked

Patient Care Team

	Relationship	Specialty	Notifications	Start
Maxine Fookson, PNP	PCP - General	Pediatric Nurse Prac		10/8/12
Janine Tebeau-Jemerson, RN		RN Community Health		10/8/12

Family Comments

Comments
Date: 10/8/12 Initials: zgb School: George MS 6th grade Outside Physician: Dr Who / Kaiser RHM: ZeeTester ZZZMCHDOnly Household Members: Mom / Dad / 1 Sister (Jill) / 2 cats



Episode Report

Current Immunizations					Never Reviewed
Name	Date	Dose	VIS Date	Route	
Influenza Virus Vaccine, Split, 3+ Yrs	9/26/2012				
Given By: Claudia Kaiser, LPN					
External: Confirmed					
School Age Health Assessment					
PHYSICAL HEALTH, NUTRITION & ACTIVITY:			Comments:		
10/8/2012 2:24 PM by Zita Borgen					
Preventive Message			Will try to drink more water and less soda		
ORAL HEALTH:			Comments:		
10/8/2012 2:24 PM by Zita Borgen					
			UTD on oral care		
10/8/2012 3:03 PM by Zita Borgen					
Problem ID			Last 1 year ago: needs new dentist		
SCHOOL & FRIENDS:			Comments:		
10/8/2012 2:24 PM by Zita Borgen					
Preventive Message			Just moved from Iowa - Misses friends; encouraged to ask parents help her find new troop		
10/8/2012 3:03 PM by Zita Borgen					
Problem ID			Just moved from Iowa - Misses friends; encouraged to ask parents help her find new troop		
SAFETY & INJURY PREVENTION:			Comments:		
10/8/2012 2:24 PM by Zita Borgen					
Preventive Message			Wear helmet when riding horses or bike		

Tip

- Click ***Growth Chart*** hyperlink in Episode report to track BMI

Report Viewer

Report History | 1 View Pane 1 | 2 View Pane 2

1 (Multiple reports) 10/31/2011 Active

← Back

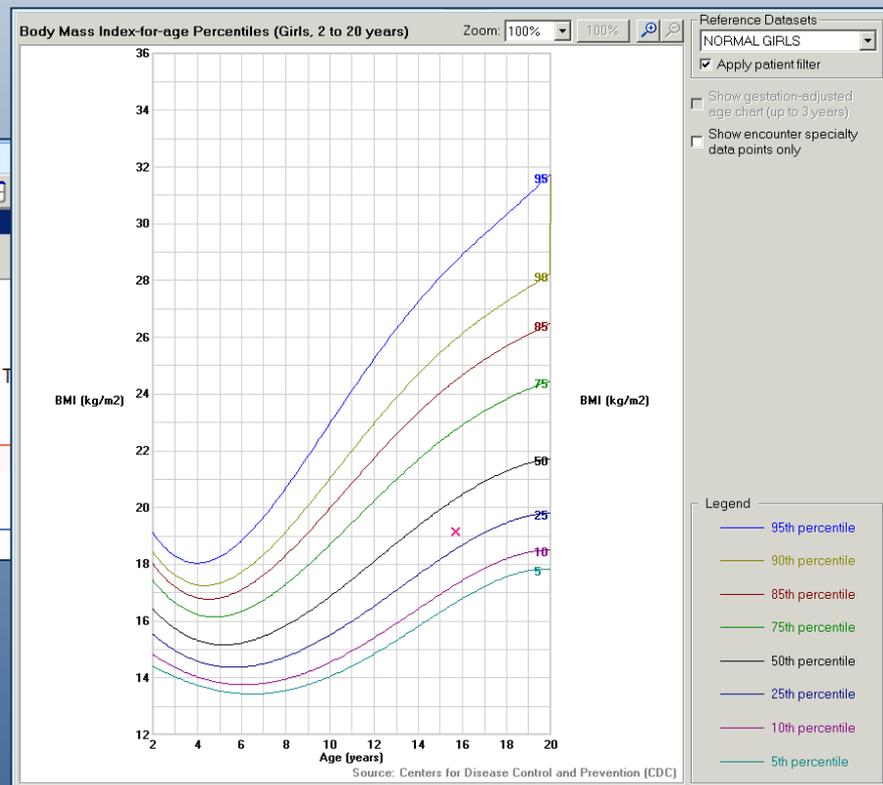
Date: 10/4/11 Initials: TG
School: Parkrose HS Grade: 10h
Outside Physician: Dr. Smith/KAISER
RHM: Zzzsbhc, Donna Mother
Household Members: 4 brothers, Ryder, Fisher, Hunter, T
P/G consent for PC: No

Allergies as of 11/2/2011

Pcn (Penicillins)

Growth Chart

[Growth Chart](#)





Tip

Only one *School Aged Prevention Health* Episode type can be active at the same time.

The screenshot shows a software window titled "Episodes" with a "New Episode" form. The form has the following fields:

- Name: 10/8/12
- Noted: 10/8/2012
- Type: SCHOOLAGED PREVENTION HEALTH
- Comments: (empty)

An error dialog box titled "Episodes Section Error" is displayed in the foreground, containing the message: "There is already an active episode of this type." with an "OK" button.

Below the form, there are "Accept" and "Cancel" buttons. To the right, there are "Noted" and "Resolved" columns with a "Resolve" button and a calendar icon.

At the bottom left, there is a "Linked" section with a checked box and the date "October 08, 2012", and a dropdown menu for "Filed Forms" with the option "School Age Health Assessment".

At the bottom right, there is a link for "Episodes of Care".

Tips



When the patient is due for re-assessment:

- Unlink
- Resolve
- Create a new Episode

A screenshot of a software interface titled 'Episodes'. It features a table with columns for 'Linked', 'Type', 'Noted', and 'Resolved'. A single row is visible with a checked checkbox, the date '10/8/12', the type 'SCHOOL AGED PREVENTION HEALTH', and the date '10/08/2012'. The 'Resolved' column contains a green checkmark and the word 'Resolve', which is highlighted by a mouse cursor. A tooltip box next to the 'Resolve' button contains the text 'Resolve 10/8/12 episode'. Below the table, there are links for 'Filed Forms' and 'Available Forms...'.

Linked	Type	Noted	Resolved
<input checked="" type="checkbox"/> 10/8/12	SCHOOL AGED PREVENTION HEALTH	10/08/2012	<input checked="" type="checkbox"/> Resolve

Resolve 10/8/12 episode



Scrubbing Tips

- Resolve current and open a new episode when the health assessment is due- > 365 days
- Review all components in the episode
- When reviewing the Health Assessment, confirm that all themes have been stratified within last year
- The episode will be named the day it is opened

STOP!!!



SBHC Smart Set

- WCC/SPE complete visit
- Includes all components of a visit
- Provides accurate coding
- Efficient
- Standardized



Thank you!

kristin.a.case@multco.us

Contact Us

School-Based Health Center Program

Oregon Public Health Division

800 NE Oregon St., Ste. 805

Portland, OR 97232

P: 971-673-0249

F: 971-673-0250

sbhc.program@state.or.us

www.healthoregon.org/sbhc



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